## MHS Insight
### Demonstrated to Army, Navy



*EIDS demonstrated MHS Insight to representatives from Walter Reed Army Medical Center (WRMC) and Madigan Army Medical Center (MAMC). Discussion centered on the value of using MHS Insight at both facilities. WRMC has determined that MHS Insight can be used to assist in the upcoming merger of WRMC and Naval Hospital Bethesda. EIDS will conduct follow-on meetings with representatives of WRMC and Bethesda to identify commonly used metrics at both facilities. WRMC will also identify potential new metrics to monitor activities related to the merger. MAMC is exploring the possibility of adding clinical data to MHS Insight from AHLTA to develop new performance metrics at MAMC. EIDS also will participate with MAMC staff in developing this concept.*

MHS Insight is a performance management tool for the military health system (MHS) front-line managers and executive staff. MHS Insight delivers fast, accurate information that significantly improves the system's ability to set, monitor, and achieve its strategic performance goals. This Web-based solution gives clinic managers the data they need to make day-to-day decisions and to visualize how that information directly aligns with MHS strategic performance goals.

## M2 Version 3.13.02.0 Released

*EIDS has released version 3.13.02.0 of the MHS Management Analysis and Reporting Tool (M2). The M2 universe and database content additions and modifications appear in the M2 Data Dictionary at http://www.tricare.mil/ocfo/bea/m2.cfm.*

*Changes that affect multiple tables include the following:*

1. **Alternate Care Value (ACV) Group:** The rules for calculating ACV Group in FY03 have changed through enhancements in the underlying Defense Enrollment Eligibility Reporting System (DEERS) data. The functional differences should be minimal.

2. **TRICARE Prime Remote (TPR) Eligibility Flag:** All detail tables now will include this data element, but the content continues to be empty. No date is available for when the information will be filled in, but we will let you know when it is.

3. **Agency for Healthcare Research Quality (AHRQ) Inpatient Preventable Admission Indicator:** This new data element is available in both the Inpatient Admissions Detail (Standard Inpatient Data Record [SIDR]) and the Institutional Claims Detail (TRICARE Encounter Data [TED]) for records in FY04 and later. This data element identifies potentially avoidable hospitalizations for conditions such as diabetes and asthma, using the industry standard methodology. For more information check https://www.qualityindicators.ahrq.gov/downloads/pqi/2006-Feb-PreventionQualityIndicators.pdf.

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*Additional table-specific changes:*

1. **Direct Care, Inpatient Admissions Detail**

   - **Trauma Flag:** Indicates whether the military treatment facility (MTF) has classified the case as trauma

   - **Provider National Provider Identifier (NPI), Attending:** Contains the NPI for the attending provider

   - **Completion Factors:** The data element was split into two data elements — "Completion Factor, Disposition," which is used for dispositions, and "Completion Factor, Workload," which is used for all other measures in the table.

2. **Purchased Care, Institutional Detail—** "Admission FY" has been added, indicating the fiscal year of a patient's admission.

3. **Pharmacy Data Transaction Service (PDTS) FYnn—**

   - **Pharmacy NPI:** Contains the NPI of the pharmacy

   - **Generic Class:** This data element is extremely useful because it identifies a particular drug. It is not as detailed as national drug code but is more detailed than the therapeutic class code

   - **Paper Claim Indicator:** Identifies whether or not the PDTS record arrived as a paper claim.

4. **System Production Medical Expense Performance Reporting System World-wide Workload Report (MEPRS/WWR)—** New data elements include:

   - **Components of Total Expense:** Includes "Military Pay Expense," "Civilian Pay Expense," "Other Operations and Management (O&M) Expense," "Depreciation Expense," and "Free Receipts Expense"

   - **Information About Intensive Care Unit (ICU):** "ICU Stepdown Expense" and associated "ICU Hours of Service"

   - **Pharmacy Supply Expense:** Total allocated expenses associated with pharmaceutical supplies

   - **MEPRS Code Descriptions:** Descriptions were added to the MEPRS codes. This requirement is only partially implemented; MEPRS code descriptions must be available in all tables with MEPRS codes. The complete requirement will take some time to implement fully.

5. **System Production (MEPRS/WWR), Personnel Detail—**A new table has been added to provide more detailed information about the personnel data in MEPRS. This table does not contain person-level personnel information but contains summary data such as the number of nonavailable full-time equivalents (FTE), occupation codes, skill types, and other related information.

6. **Ambulatory Procedure Code (APC) Table—**Renamed "Status Indicator" to "Payment Status Indicator."

7. **Current Procedural Terminology/ Healthcare Common Procedure Coding System (CPT/HCPCS)—**The FY08 data has been added, along with the following additional data elements:

   - A Short Description for the CPT/HCPCS Code

   - **Historical Work Relative Value Unit (RVU):** Used to create the "Historical RVU" in the Professional Encounters Table

   - **Payment Status Indicator:** Indicates payment-related information associated with CPT or HCPCS codes. This data element is not used in preparing any RVU fields for M2

# PHIMT
# Changes Announced

*EIDS is currently migrating Protected Health Information Management Tool (PHIMT) to a new Defense Information Systems Agency (DISA) facility and additional changes are being made to the application regarding help desk support, account requests, and training. The following changes will occur.*

Help Desk Procedures:
The MHS Help Desk will handle all issues previously directed to PHIMTSupport@tma.osd.mil. This includes password resets and user administration account creations. If you require assistance, please contact the MHS Help Desk at 1-800-600-9332 or at eids@mhs-helpdesk.com.

Account Request and Creation Procedures:
Due to the sensitive nature of the data contained in the PHIMT application, EIDS requires that all current and new users do the following:

✓ Register for an EIDS Web Portal account at https://eids.ha.osd.mil. The Web Portal is the central location for information on PHIMT and EIDS uses it to track all levels of user access.

✓ Complete the security awareness training on the Web Portal. This annual training is required to maintain PHIMT access.

✓ Complete a PHIMT Account Authorization Request Form (AARF) and fax it to EIDS Access at 1-866-551-1249. EIDS and the TRICARE Management Activity Privacy Office have approved the AARF. The AARF lists all the requirements to receive or maintain access to PHIMT.

Deadline:
Current PHIMT users will have 120 days from the migration date (estimated to be mid-April) to complete the PHIMT AARF. Users who do not complete all requirements to maintain access will have their PHIMT account deleted and will have to reapply for an account. It typically takes about two weeks to receive approval for a new PHIMT account.

Training:
The TMA Privacy Office is currently updating the PHIMT training materials. PHIMT self-paced training will soon be available on MHS Learn. For additional assistance or information, please contact the MHS Help Desk at 1-800-600-9332 or at eids@mhs-helpdesk.com.

# Trailboss
## Hardware and Software Migration Begins

*EIDS is relocating its production servers, network equipment, applications, and data to a new DISA location under a project it calls "Trailboss." The current DISA data center housing EIDS products is scheduled to close on September 30, 2008, as part of the Base Realignment and Closure (BRAC) Commission.*

*The following EIDS applications have been migrated:*

- Clinical Data Mart (CDM)
- TRICARE Encounter Data (TED)

*The following are scheduled to be moved:*

- ESSENCE Medical Surveillance
- Military Health System Data Repository (MDR)

- MHS Management Analysis and Reporting (M2)
- Managed Care Forecasting and Analysis System (MCFAS)
- Federal Health Information Exchange (FHIE)
- Data Tracker
- Stakeholder Report
- Health Level Seven (HL7)

The migration is on schedule and issues are resolved as they arise. For example, to meet the BRAC deadline, EIDS will not complete its Business Objects XIr2 software migration for its products until after the move has occurred.

EIDS will provide more information about the move to EIDS users as the migration occurs. For additional assistance or information, please contact the MHS Help Desk at 1-800-600-9332 or at eids@mhs-helpdesk.com.

# CDM Tri-Service Functional Group
## Holds First Meeting

*The CDM Tri-Service Functional Group conducted its first meeting at EIDS on March 27, 2008. The members include provider Dr. Ron Moody of the U.S. Army, nurse Cheryl Ann Kraft of Portsmouth Naval Medical Center, and U.S. Air Force data analyst Capt. Michelle Halvorson. Also attending was provider Maj Archie Bockhorst of the U.S. Air Force. The group will meet monthly to validate and prioritize CDM system change requests and develop requirements for CDM enhancements.*

EIDS Director of Clinical Informatics Lt Col Jean Meink demonstrated CDM at the 47th Navy Occupational Health and Preventive Medicine Conference "Military Public Health: From Knowledge to Action" in Hampton, Virginia., on March 16, 2008.

Attendance at the EIDS weekly CDM Webinar training has doubled. More than 60 people attended the March 13, 2008, training. Currently, there are more than 400 CDM users worldwide. Local MTF system administrators grant AHLTA users' access to the CDM.

CDM is the clinical reporting tool for AHLTA. It equips analysts and clinicians with patient-centric data to help them identify and evaluate trends to optimize clinical performance within the MHS. For additional information or assistance, please contact the MHS Help Desk at 1-800-600-9332 or at eids@mhs-helpdesk.com.

# eXpresso

# M2 Version 3.13.02.0 Released

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- ■ **Ambulatory Surgery Center (ASC) Class:** Indicates to which class the CPT/HCPCS belongs for payment of ambulatory surgery centers

- ■ **Units of Service Limit**: Cap set on each CPT/HCPCS code for reporting units of service. This data element is not used to prepare any data for M2 at this point, although limits are likely to be implemented in the future

- ■ **Name Change:** Changed the name of "MHS Flag" to "MHS Unique Flag."

8. **International Classification of Diseases, Ninth Revision, Clinical Modification (CD-9-CM) Diagnosis and Procedure Code Tables Additions and Changes Include:**

  - ■ A short description for the code
  - ■ Changed "Description" to "Description, Long"
  - ■ Changed "MHS Flag" to "MHS Unique Flag"
  - ■ Changed "Diagnosis" to "Diagnosis with DoD Extender."

9. **New Reference Tables Were Added:** MEPRS4 Codes, Occupation Codes, Skill Type Codes, and MEPRS3 Codes.

10. **Warrior Cohort Subclass:** The Contingency subclass was renamed and moved below the existing Reservists subclass. The data in this subclass and associated objects in Eligibility and Health Care Services object classes will remain blank until data use and data quality issues are resolved.

For additional information or assistance, please contact the MHS Help Desk at 1-800-600-9332 or at eids@mhs-helpdesk.com.